INITIALS ID NO. DATE POSITION FEE DETERMINATION 19/50 O.I.P.E. CLASSIFIER **FORMALITY REVIEW** RESPONSE FORMALITY REVIEW **INDEX OF CLAIMS** BEST AVAILABLE CO Rejected Allowed (Through numeral)... Canceled Objected Restricted Claim Date Claim Date Claim Date Original Original Final Final 3/3 h46

ISSUE SLIP STAPLE AREA (for additional cross references)

If more than 150 claims or 10 actions staple additional sheet here